

(4) O.I.P.E. PATENT DATE: _____
 DWS SCANNED: BAW G.A. RG

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	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner)		NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____	_____ (Primary Examiner)		ISSUE FEE	
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